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Bib Data Sheet

CONFIRMATION NO. 6137

<b>SERIAL NUMBER</b> 10/784,906	<b>FILING OR 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> SPIRTN.017C1
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**APPLICANTS**

Hugo X. Gonzalez, Woodinville, WA;

**\*\* CONTINUING DATA \*\*\*\*\***This application is a CON of 10/039,104 01/04/2002 PAT 6,695,791 *JP***\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 05/15/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>JP</i> Initials				

**ADDRESS**

20995

**TITLE**

System and method for capturing body tissue samples

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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